

Risk Assessment Template	Risk Assessment Number	EF CS 036
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Brief Description of Job / Task / Activity / Person being assessed:	Violence Prevention and Reduction'
Site (acute/community):	All Sites
Location: e.g. ward/theatre/office/dept./team etc.	All Locations
Date of Risk Assessment:	27/04/23 Reviewed on: 09/08/2023.
Name of person(s) conducting the Risk Assessment:	Steve Clancy / John Harrop / Katy Fisher Reviewed by Steve Clegg.

**Step 1: Identify the hazard(s)** *Using bullet points write down here the potential hazards. (see page 7 of 'How to complete a risk assessment on the paper-based template' on the Policy Library for further details)*

There is a risk that staff may experience abuse, aggression and violence at work, due to gaps in the risk-based framework that supports a safe and secure working environment for staff, resulting in potential harm to staff, staff absence, claims and noncompliance with the violence prevention and reduction standard'. The hazards associated with this risk include, but are not restricted to:

- Unnecessary harm to patients. involved with an incident.
- Unnecessary harm to staff involved with an incident.
- Financial implications relating to claims.
- Regulatory enforcement action by CQC / HSE.
- Negative media attention

<b>Source of Risk:</b> <i>Delete as appropriate</i> Proactive / Reactive / Incident / Complaint / Claim / <del>External</del>	<b>Category of Risk:</b> <i>Delete as appropriate</i> Patient / People / <del>Partnerships / Performance</del>	<b>5 T's:</b> <i>Delete as appropriate</i> Treat / <del>Tolerate</del> / <del>Terminate</del> / Take the opportunity / <del>Transfer</del>
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**Step 2: Decide who might be harmed and how** *For each hazard you need to be clear about who might be harmed; it doesn't mean listing everyone by name, but rather identifying groups of people e.g. patients, nursing staff, porters, secretaries etc. and how they may be harmed. (see page 2 of 'How to complete a risk assessment on the paper-based template' on the Policy Library for further details)*

- Clinical staff
- Security staff
- Other non-clinical staff
- Patients / relevant persons

**Step 3: Evaluate the risk and decide on the existing precautions and decide if there is a need for further precautions.**

*Having spotted the hazards, you then have to decide what to do about them. Listing existing control measures here or note where the information can be found e.g. existing policies, procedures, work instructions etc. (see page 2/3 of 'How to complete a risk assessment on the paper-based template' on the Policy Library for further details)*

**List existing controls:**

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- Least Restrictive Practice Group – recently formed to look at a framework, including appropriate training and harmonisation of appropriate policies and procedures.
- GMMH support – Bespoke GMMH treatment area within the Emergency floor.
- Conflict resolution training – on the mandatory ELearning platform.
- In-house security service provided by OCS a private security company – Limited training for the management of persons presenting with challenging mental health issues.
- Some staff trained in MAYBO (Positive and Safer Approaches to Behaviour) – very little training provided during past few years and high staff turnover rates.
- Some staff trained in MAPA (Management of Actual or Potential Aggression) – very little training provided during past few years and high staff attrition rates.
- Support from GMP – Limited, as we are now designated as a place of safety.

**Justification for Likelihood x Consequence scores (below):**

*Please provide some narrative here to assist you in calculating the risk score below: -*

**Likelihood:**

Expected to occur at least daily – DATIX reports confirm this expectation. An incident is more likely to occur than not.

**Consequence:**

Moderate injury requiring professional intervention and / or local media coverage resulting in long-term reduction in public confidence.

**Risk rating taking into account existing controls:** *(see Risk Score Model Matrix at Appendix 1, page 9-11 of the Risk Management Process TW10-002 SOP1)*

Likelihood:	5	<b>x</b>	Consequence:	3	=	Risk Rating:	<b>15</b>
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# Risk Reduction Action Plan

## Step Four: Record and Communicate your Findings

Please list here what additional control measures are needed to reduce the risk to an acceptable level. You only need to complete this section when additional control measures are required.

(see page 3/4 of 'How to complete a risk assessment on the paper-based template' on the Policy Library for further details)

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Additional control measures required to reduce the risk to the lowest possible level:	Nominated person for action: <i>This should <b>not</b> be someone outside of your Department / Division without prior consultation with them. See 'record of transfer' below.</i>	Date action to be completed by:
Develop a robust 'Least restrictive practice framework.	Least restrictive practice group lead.	<b>Completed</b>
Complete the "Violence prevention and reduction standard"	Security Manager / Least restrictive practice group lead.	<b>31/12/2023</b>
Develop an appropriate training protocol	Least restrictive practice group lead.	<b>31/12/2023</b>
Introduce appropriate training	Least restrictive practice group lead.	<b>31/12/2023</b>
Develop a protocol for the appropriate use of the Security team.	Security Manager / Deputy Chief Nurse	<b>31/12/2023</b>
<b>Date inputted onto risk register:</b>		
<b>Line Manager / Department Manager's signature:</b> <i>(original to be signed)</i>		
<b>Method of communication used:</b> <i>The findings from risk assessments must be communicated to members of your team e.g. e-mail, team meetings etc.</i>	Least restrictive practice group / RMG	
<b>Proposed date of review:</b>	31/12/2023	

**Record of transfer:** Risk assessments should be managed in line with the risk rating (above) and a person's level of responsibility (See Section 6, page 6 of the Risk Management Process TW10-002 SOP 1). Where one or more control measure(s) (above) falls outside the responsibility of the nominated person for action, the control measure(s) should be transferred appropriately following consultation with that person.

(see page 4 of 'How to complete a risk assessment on the paper-based template' on the Policy Library for further details)

Control measure transferred to: <i>(Name and designation)</i>	Date:	Reason for transfer:	Communication method used:

## Proposed/anticipated residual risk rating when additional controls have been implemented:

Re-score your assessment based on the proposed additional control measures being implemented. This proposed / anticipated residual risk score will provide an indication of the potential / anticipated risk reduction that is likely.

Likelihood	3	<b>X</b>	Consequence	3	=	Risk Rating	<b>9</b>
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## Step Five: Review your risk assessment and update if necessary

(see page 4 of 'How to complete a risk assessment on the paper-based template' on the Policy Library for further details)

Actual date of review	Name of reviewer	Action taken since last review	Revised risk score	Date risk registered revised (If applicable)
27/07/2032	DQEG	E&F have been asked to reinstate the Violence and Aggression Working Group in partnership with Trust's Risk Manager (JH). SC has a meeting next week with JH to discuss how this will look. No Change. Risk to be reviewed at next meeting.		

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